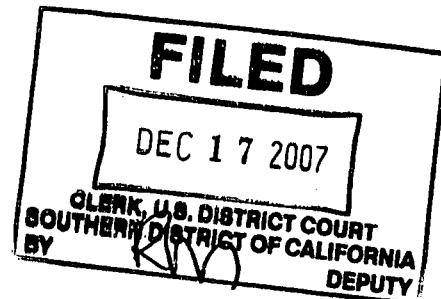


Stuart S. Pressly
 PLAINTIFF/PETITIONER/MOVANT'S NAME
V-48636
 PRISON NUMBER
CSP-LAC Facility A1-223
P.O. Box 8457
 PLACE OF CONFINEMENT
Lancaster, CA 93539
 ADDRESS

2004	1983
FILING FEE PAID	
Yes	No
IF MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

ORIGINAL



United States District Court
Southern District Of California

Stuart S. Pressly
 Plaintiff/Petitioner/Movant
 v.
F.B. Haws (warden)
 Defendant/Respondent

Civil No.

'07 CV 2364-JLS-RBB

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, Stuart S. Pressly

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration CSP-Lancaster, CA

Are you employed at the institution? ☒ Yes ☐ No

Do you receive any payment from the institution? ☒ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

Richard Marshall Flooring

I do not have their address. In Hawthorn CA

Take home pay about 600.00 wk

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____ N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____ N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

The Dept of Corrections provides everything

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

Dec 11, 2007

DATE

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Stuart S. Pressly
 (NAME OF INMATE)

V-48636
 (INMATE'S CDC NUMBER)

has the sum of \$ 3.63 on account to his/her credit at CSP-LAC

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 3.75

and the *average monthly deposits* to the applicant's account was \$ 2.89

ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

12-07-2007

DATE

K. St. George

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Kristy St. George

OFFICER'S FULL NAME (PRINTED)

ACT

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Stuart S. Pressly V-48636, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

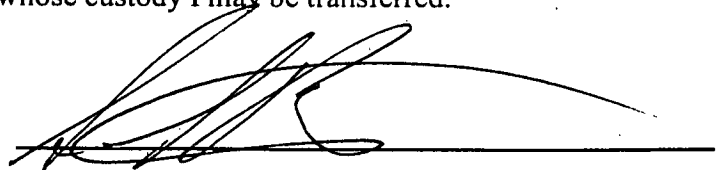
CSP-Lancaster CA

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$250 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

December 13th, 2007

DATE



SIGNATURE OF PRISONER

REPORT DATE: 12/07/07
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. STATE PRISON, LA COUNTY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU DEC. 07, 2007



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY R. H. George ACT
TRUST OFFICE

ACCOUNT NUMBER : 048636
ACCOUNT NAME : PRESSLY, STUART SCOTT
PRIVILEGE GROUP: A
BED/CELL NUMBER: F0B10000000223L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	07/01/2007		BEGINNING BALANCE					45.00
	07/03	W512	LEGAL POSTAGE 700060				1.14	43.86
	07/11	W516	LEGAL COPY CH 700203				1.80	42.06
	07/13	FC01	DRAW-FAC 1 700242ND				39.36	2.70
	07/27	W512	LEGAL POSTAGE 0487/08-27				2.60	0.10
	08/16	W516	LEGAL COPY CH 700853				0.10	0.00
	09/07	UD54	INMATE PAYROL 701184/AUG			4.08		4.08
	09/12	W502	POSTAGE CHARG 701271				1.25	2.83
	09/21	W516	LEGAL COPY CH 701438				2.83	0.00
	11/06	UD54	INMATE PAYROL 702213/OCT			6.81		6.81
	11/06	UD54	INMATE PAYROL 702222/SEP			2.34		9.15
	12/06	UD54	INMATE PAYROL 702655/NOV			4.08		13.23

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
11/15/2007	H109	LEGAL POSTAGE HOLD	2397/12-15	9.60

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/24/04
COUNTY CODE: LA
CASE NUMBER: LA045086
FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
07/01/2007		BEGINNING BALANCE		464.20
09/07/07	UR54	RESTITUTION DEDUCTION-SUPPORT	4.52-	459.68
11/06/07	UR54	RESTITUTION DEDUCTION-SUPPORT	7.56-	452.12

REPORT DATE: 12/07/07
PAGE NO: 2

CALIF. STATE PRISON, LA COUNTY
INNATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU DEC. 07, 2007

ACCT: V48636 ACCT NAME: PRESSLY, STUART SCOTT ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/24/04 CASE NUMBER: LA045086
COUNTY CODE: LA FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/06/07	UR54	RESTITUTION DEDUCTION-SUPPORT	2.59-	449.53
12/06/07	UR54	RESTITUTION DEDUCTION-SUPPORT	4.52-	445.01

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
45.00	17.31	49.08	13.23	9.60	0.00

CURRENT
AVAILABLE
BALANCE

3.63